



CARE IMPROVEMENT PLUS
Specialized Care for Medicare Beneficiaries

Care Improvement Plus Medicare Advantage Plans

**Get more from a health plan that
supports patients and providers!**

About Care Improvement Plus



- *Diabetex, as **XLHealth/CIP** was originally called, was established in 1998.*
- ***XLHealth/CIP** was awarded the Disease Management Association of America's Recognizing Excellence Award for "Best Disease Management Program: Medicare."*
- *National Committee for Quality Assurance (NCQA) Accreditation for Disease Management.*
- *Acquired by **United Healthcare** in February 2012. XLHealth CIP products and network remain distinct from United Healthcare.*
- *We contract with CMS as a Medicare Advantage Prescription Drug (MAPD) plan.*
- *We offer a unique Medicare Advantage Special Needs Plans for the highest risk chronic populations, Medicare beneficiaries with CHF, Diabetes, or CLD.*
- *We have cornerstone services that include our HouseCalls Program, Individual Care Management programs, PharmAssist Program, and Social Service Support.*

Sample Member ID Card

 CARE IMPROVEMENT PLUS <i>Specialized Care for Medicare Beneficiaries</i>	
MEMBERSHIP ID CARD Care Improvement Plus	
Product Name	
Jane Doe	
ID # XXXXXXXXXX	
RxBIN 610014	Copays
RxPCN MEDDPRIME	Primary Physician XXX
RxGRP CARERX01	Specialist XXX
Issuer 80840	ER copay XXX
Prescription Benefits administered by Medco	Urgent Care XXX
	MedicareRx <i>Prescription Drug Coverage</i>
	CMS Contract # PBP #
Medical Claims: P.O. Box 488 Linthicum, Maryland 21090-0488	
EDI Claims: Payer ID 77082	
Pharmacy Claims: P.O. Box 14718 Lexington, KY 40512	
IMPORTANT PHONE NUMBERS	
To authorize Hospital, SNF, Rehab, LTAC and DME: 1-888-625-2204 (TTY: 1-866-902-1141)	
To authorize certain office administered medications: 1-800-204-1002 (TTY: 711)	
Member Services: 1-800-204-1002 (TTY: 711)	
Provider Services: 1-866-679-3119	
Medco Pharmacy Services: 1-866-673-3561 (TTY: 1-866-673-3563)	
Transportation Services: 1-888-240-6435	
Vision & Dental Services call AVESIS: 1-800-828-9341 (Referral required for Dentures)	
24-Hour Nurse Hotline: 1-800-210-3315	
Mental Health Services: 1-888-751-1235	
Medicare limiting charges apply to non-contracting providers www.careimprovementplus.com	

Sample Member ID Cards



Member ID Card –
Chronic Special Needs Plan



Member ID Card –
Medicare Advantage Plan



Member ID Card –
Dual Special Needs Plan

HouseCalls Program



- The HouseCalls program provides an in-home clinical visit, at no out of pocket cost to members, by a healthcare practitioner (NP, MD or DO).
- A HouseCall visit includes; a physical examination, a review of systems, past medical history, and medications, possible diagnoses, administration of a flu vaccine (where necessary and available), member education, and may include other services such as lab draws, etc.
- The HouseCalls practitioners identify current and potential health issues and suggest topics for discussion. Our contracted practitioners have received specialized training in the specific health care needs of these members.
- After the visit, the HouseCalls practitioner gives the member a checklist of topics to discuss with their primary care physician and we mail a follow-up letter to the physician with a summary of the results of the HouseCall.

HouseCalls Program



Numbers below represent Care Improvement Plus data only

In 2010, over 82,000 House Call visits were performed.

In 2011, over 106,000 House Call visits were performed.

In 2012, that number rose to 112,000 visits performed.

In 2013, currently we have completed 108,000 visits.

More than 50% of HouseCall visits result in a referral for services.

HouseCalls in Action



SUCCESS STORY:

- A Care Improvement Plus member from South Carolina was struggling with limited resources in the upkeep of her home, her teeth, her vision, and her nutrition. After completing her first HouseCalls visit, the nurse referred the member to the Care Improvement Plus social work division, which was able to assist the member in accessing a number of important services, including a free pair of new eye glasses and home delivery meal service.

In addition, the social work staff provided the member with information on local dental clinics, emergency financial assistance, resources to help maintain her house and a local food pantry.

Interdisciplinary Care Team (ICT)



- Each member has an interdisciplinary care team actively engaged in the treatment of the member's condition and includes at a minimum, a primary care provider, a mental health services specialist and a social services specialist. Other team members can be added as needed.

The Role and Activities of the ICT

- Conduct an initial assessment of the member's health care needs.
- Submit findings and recommendations to the nurse care manager and the member's personal physician.
- Develop Plan of Care and goals with the member if the personal physician and member agree that the services offered are of value.
- Meet on a recommended schedule according to the member's health care risk and needs.
- Invite members and caregivers to participate and encourage feedback to the ICT at any time.

Care Coordination



Care Coordination and the Individualized Plan of Care

- Each member has an interdisciplinary care team actively engaged in the treatment of the member's condition and includes at a minimum, a primary care provider, a mental health services specialist and a social services specialist. Other team members can be added as needed. The ICT develops a plan of care and goals with the member.
- The Plan of Care is based on the results of the member's health risk assessment and revised when there is a change in the member health status. It can be reviewed and revised at any time by ICT members, preferably with input from the member.
- The nurse care manager reviews the Plan of Care with the member or caregiver following each encounter and when significant enhancements or updates are recommended by the primary physician(s) and appropriate members of the Interdisciplinary Care Team.
- Each member's individualized Plan of Care includes:
 - Prioritized problem list
 - Suggested interventions
 - Short and long term goals
 - Coaching text
 - Educational "library" containing self monitoring "skill sheets" and health topics related to the Plan of Care
 - Automatic triggering and tracking of scheduled activities including follow up calls
 - Updated at least monthly by the Nurse Care Manager, Behavioral Health Specialist and Social Worker following each encounter with the member or interaction with the ICT
 - The Plan of Care is fully customized to the member's needs and preferences

Care Coordination at Work



SUCCESS STORY:

- A Care Improvement Plus member from Wynne, Ark. diagnosed with diabetes told her nurse care manager on their monthly coaching call that she was struggling to control her blood sugar levels.

Her PCP had recommended that she see an endocrinologist, but she was having trouble getting an appointment with one in her local area. The nurse care manager was able to locate an endocrinologist that would see her, and coordinated through the member's transportation benefit to have the member brought to her appointment.

PharmAssist



- PharmAssist is a free program for members, staffed by experienced clinical pharmacists. A phone appointment is scheduled for the pharmacist to review medication profiles, drug interaction issues and medication duplication, as well as provide consultation on gaps in therapy, medication education, adherence tips and assistance with over the counter medications. As a result of the member consultation the pharmacist may send a fax to the provider containing a reconciled list of medication and therapeutic recommendations.

PharmAssist



SUCCESS STORY:

- During a recent PharmAssist counseling session, it was uncovered that a Care Improvement Plus member from Texas, was unknowingly taking two overlapping medications to treat his high blood pressure – a costly and potentially dangerous duplication.

The Care Improvement Plus pharmacist contacted the member's primary care provider to discuss her concerns, and was able to have his prescriptions adjusted. The pharmacist then called the member back to review the changes the primary care doctor had made to his medication schedule.

Outreach-Member Advocate and SSC



Resources that work to educate members and Caregivers.

- Conduct various outbound calls to members and providers to obtain information needed to process and maintain member eligibility.
- Conduct outbound calls to new members to review benefits in detail.



- Work in close collaboration with the SSC in evaluating member needs and facilitates appropriate referrals.
- Assists members:
 - in the coordination of benefits, particularly those between Medicare, Medicaid and other federal and state subsidy programs
 - with personal and environmental issues presenting barriers to full participation with medical treatment plans and disease management interventions
 - Meals, Transportation

SSC Making a Difference



SUCCESS STORY:

- A member couple living in Kansas City, Missouri joined Care Improvement Plus' Gold Rx plan because of their diabetes. Unfortunately, they couple was struggling to afford their medications – between the two of them; they took more than 22 prescriptions regularly.

Social Service Coordinators contacted the couple, and was able to help them qualify for a Missouri state prescription assistance program, which provided them with a check for \$1500 to help with the cost of their medications each year.

Provider Portal- CareImprovementPlus.com



- Member Eligibility & History
- Claims Information Details
- Dispute Claims Options
- Training Tutorials
- Print/Request Copies of Remittance
- Current Year Health Plan Benefit Summaries, including Copayment & Coinsurance Information
- Electronic Medical Records submission
- Pre-Authorization Requirements & Form
- Appeals status information
- Various reporting options
 - Post Payment Audit Report
 - Payment Summary Report
 - Reconsideration Reports
- Call 1-800-690-1916 for registration

CareImprovmentPlus.com – Portal Home Page



1890_001.pdf - Adobe Reader

File Edit View Window Help

Tools Sign Comment

Hours: 8:00 AM - 8:00 PM 7 days a week | Sales: 1-800-711-1656 | Members: 1-800-204-1002 | Providers: 1-866-679-3119 | TTY: 711

CARE IMPROVEMENT PLUS
Specialized Care for Medicare Beneficiaries

Hello, [User Name] | [Log Out](#) | [Print](#) | [Help](#) | V: 6.1

User Name: [User Name]
Facility Name: [Facility Name]

[Home](#) [Member Inquiry](#) [Claim Center](#) [Medicaid Info](#) [Provider News](#) [Forms & Guide](#) [Reports](#) [Contact Us](#)

Member Inquiry

The section offers several options to retrieve member information, as well as verify the member eligibility and eligibility history.

Claim Center

- To view detailed information on payment status and amount, claim amount, and charge code detail.
- See the copy of the remittance related to the specific claims.
- Review reports for "Medical Records Requests", "Audit Findings", and "Reconsideration & Appeals Activity" related to the specific claims.
- Request Remittance Details.
- Send a Claim dispute.

Medicaid Info

Provide Filing Claim information for State base Dual Advantage Plan Member.

Reports

- Post Payment Audit
 - Medical Records Request
 - Provide status report of submitted medical records and/or additional documentation.
 - Audit Findings
 - Provide status of a claim audit.
- Reconsiderations and Appeals Activities
 - Provide status of a Reconsideration and/or appeal.
- Payment Summary
 - This report allows providers to review claims payments and/or recoveries processed on a remit.

Forms and Guides

Provide all forms and guides related to Prior Authorization, Claim & Payment, Member & Benefit Information, Part D Claim, Part D Coverage Determination and Redetermination, Part D Mail Order Form.

Quick Links

- [Release Note V6.1](#)
- [EMR Portal Guide](#)
- [Sequestration Implementation](#)
- [Provider Portal User Guide^{New}](#)

Provider News

- [Home Health Provider Fact Sheet](#)
- [Provider Payment Bulletin: Rate Letter Effective Dates for Critical Access Hospitals, Rural Health Clinics and Federally Qualified Health Centers](#)
- [Provider News Flash: Acceptable Claims Submission Methods](#)
- [Corrected Claims Policy and FAQs](#)
- [Hospice Claims FAQs](#)

Contact Us

Provide Health Plan contact information, for available e-mail, fax and phone numbers. Allow the user to send feedback on feature and functionality.

[Privacy policy](#)

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By providing you with access to the CIP Provider Portal the information contained within the portal is provided for your use to identify CIP member claims, benefits and eligibility. The materials and information on the portal are private and may contain confidential protected health information (PHI) that is legally privileged. This information is intended only for the use of the individual or entity being provided with access to the CIP Provider Portal. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of the information on the Provider Portal is strictly prohibited.

Authorizations and Notifications



- Preauthorization is required for, SNF, Home Health, Acute Rehab, LTAC, DME and non-urgent hospital admissions. Notification is required for emergency inpatient hospital admissions (medical/surgical).

Phone: 1-888-625-2204

Fax: HOME HEALTH = 866-219-2923

Fax: SNF/LTAC/IRF = 866-304-2382

Fax: INPATIENT HOSPITAL/Blepharoplasty/Bariatric/LVAD/Electives = 800-211-6490

Fax: DME = 866-224-1151

- **Expedited Fax line:** Please utilize this fax line only if the physician ordering the service indicates that applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function. Expedited requests determinations are rendered in 72 hours. CIP determinations for LTAC, SNF and IRF requests are processed within 2 business days of submission of complete information.
- **Fax: EXPEDITED = 888-579-9899**
- **Transplants** Phone 1-866-460-8699 option 4, Fax: 443-853-2771
- **Behavioral Health Services** Phone 1-888-751-1235

Claim Submission



- **Claims**
 - Clean claims paid in 30 days or less
 - Electronic claims processing capability via Availity, Emdeon and Xerox EDI with Plan ID 77082
 - File CMS 1500 or UB04 or appropriate Medicare billing form
Care Improvement Plus
Attn: Claims Department
P.O. Box 488
Linthicum, MD 21090-0488
- **Critical Access Hospitals, Rural Health Clinics, Federally Qualified Health Centers and Indian Health Services centers**, should fax a copy of your current **CMS Approved Medicare Rate Letter** to **443-459-9734** or mail a copy to:
Care Improvement Plus
Attention: Provider Data Management
4350 Lockhill-Selma Rd, Suite 300
San Antonio, TX 78249

Appeals – Contact Information



Part C Appeals should be mailed to the following address:

**Care Improvement Plus
Attention: Appeals Department
6514 Meadowridge Rd., 1st Floor
Elkridge, MD 21075
Or Faxed to: 1-866-272-2942**

Part D Appeals should be mailed to the following address:

**Care Improvement Plus
Attention: Pharmacy Part D Appeals
351 W. Camden Street, Suite 100
Baltimore, MD 21201
Or Faxed to: 1-866-683-3272**



Important Contact Information

- Claim issues can be sent to: provider@careimprovementplus.com

OR

Submit the issue through our provider portal by selecting the “Dispute/Request” button next to the claim.

- Provider Services (claim and member eligibility questions):
1-866-679-3119
- Non claim issues can be sent to: providerrelations@careimprovementplus.com

Precertification: 888-625-2204

Prospective Members: 1-800-711-1656 (TTY: 711)

Member Services: 1-800-204-1002 TTY: 711

Open 8am-8pm 7 days a week

Contacts

Carrie Rhone, Contracting and Provider Relations Representative

501-219-4900 office

Jessica Steadman, Contracting and Provider Relations Representative

501-219-4926 office

Keleisha Brown, Provider Relations Coordinator

501-219-4912 office

Andy Johnson, Regional Manager

Contracting and Provider Relations

501-219-4923 office

501-813-2799 cell

Regional Office Address:

Care Improvement Plus South-central Region

Financial Park Place

11219 Financial Centre Parkway, Suite 240

Little Rock, AR 72211

Website: www.careimprovementplus.com



Questions?